

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014592

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 78

STATE FILE NUMBER

**FILED MAR 29 1963**

VS 300.  
Rev. 4/59

1007

0720

3

4 0

5 0

6

7 0

8 2

9776X

10

11

12 1-0

13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SIKESTON</b>		Length of stay in 1b <b>5 hrs.</b>	c. CITY OR TOWN <b>KEWANEE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>MO. DELTA COMMUNITY HOSP.</b>
3. NAME OF DECEASED (Type or print) First <b>BILLY</b> Middle <b>EUGENE</b> Last <b>TAYLOR</b>		4. DATE OF DEATH Month <b>3</b> Day <b>17</b> Year <b>63</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-17-63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEWBORN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	9. AGE (last birthday) <b>NB</b>
11. BIRTHPLACE (City and state or country) <b>SIKESTON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>BOBBY JUNIOR TAYLOR</b>		13b. MOTHER'S MAIDEN NAME <b>LOIS FAYE VINES</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>No</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>MOTHER, LOIS FAYE TAYLOR</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity - 6 mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>?</b> DUE TO (c) <b>---</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour <b>---</b> a.m. <b>---</b> p.m. <b>---</b> Month, Day, Year <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>KEWANEE</b> COUNTY <b>KEWANEE</b> STATE <b>MO</b>	
21. I attended the deceased from <b>3-17-63</b> and last saw her alive on <b>3-17-63</b> Death occurred at <b>3:12 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>E. D. Urban</b> (Degree or title) <b>M. D.</b>	
22b. ADDRESS <b>S. Keston, Mo</b>		22c. DATE SIGNED <b>3-18-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-18-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>KEWANEE</b>	23d. LOCATION (City, town, or county) (State) <b>KEWANEE MO</b>
24. FUNERAL DIRECTOR <b>Welch Funeral Home - Sikeston Mo</b>		25. DATE RECD. BY LOCAL REG. <b>March 25 - 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Jeannette Waldman</b>			

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond Quers

Licensed Embalmer No. 3467

P. O. Address Stanton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

No Permit